

## SOC USE WAIVER APPLICATION FOR PUBLIC WATER SYSTEMS

ADEQ initiates waivers for Monitoring Assistance Program (MAP) systems DO NOT APPLY.

**UPDATE THE SYSTEM'S SWAP (Source Water Assessment Plan)** use to complete waiver

Public Water System Name: \_\_\_\_\_

PWS Identification Number: AZ04-\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Point-of-Entry (POE)s: \_\_\_\_\_

Waiver Compliance Period: \_\_\_\_\_ System's Initial Monitoring Year: \_\_\_\_\_

**Note: When needed, please complete several waiver application forms. FIRST:** review all applicable SOC rules. Waivers are issued at the POE level. A POE must have achieved reduced monitoring. Identify water source(s) in Table 1 by name, cadastral location, POE, AZ Department of Water Resources (ADWR) number, and source type. Indicate if the source is an active source, a backup source, or an emergency source. If the source is a backup or emergency, indicate if it is connected to the distribution system.

**Source Type:** GW = groundwater, SW = surface water, SP = spring,  
DI = groundwater under the direct influence of surface water

**Source Status:** P = active source, B = backup source, E = emergency source.

**Connect Status:** YES or NO **Continuous Chlorination:** YES or NO

**ALU:** Adjacent Land Use

**Table 1.**

| Source Name | POE Number | Cadastral Location | ADWR Number | Source Type | Source Status | Connect Status | ALU  | Continuous Chlorinated |
|-------------|------------|--------------------|-------------|-------------|---------------|----------------|------|------------------------|
| Well #2     | 002        | D 6-4 28 dac       | 55-123456   | GW          | P             | YES            | 1,2* | YES                    |
|             |            |                    |             |             |               |                |      |                        |
|             |            |                    |             |             |               |                |      |                        |
|             |            |                    |             |             |               |                |      |                        |
|             |            |                    |             |             |               |                |      |                        |
|             |            |                    |             |             |               |                |      |                        |

Enter the number for any of the following adjacent land uses (ALUs) located within ½-mile of your water source(s) in Table 1. Attach map / legible sketch \* **SOCs**

1. Golf Course
2. Crop Dusting or other pesticide/herbicide applicator
3. Hazardous waste storage and/or disposal facilities
4. Manufacturing and/or storage of pesticides and herbicides
5. Agriculture

**Dioxin Only Identify uses.** Place a check mark next to any of the following industries which are located within 1000 feet of your water source(s):

- ☐ 6. Pulp and paper manufacturing.
- ☐ 7. Disposal sites of past production of herbicides containing 2,4,5-trichlorophenol (2,4,5-TP or Silvex). This includes 2,4,5-TP used in wood preservatives and hexachlorophene used as a germicide.
- ☐ 8. Wood treatment plants.
- ☐ 9. Chemical manufacturing plants that produce or have produced 2,4,5-trichlorophenol (2,4,5-TP or Silvex) or hexachlorophene.
- ☐ 10. Municipal or industrial waste incineration facilities.
- ☐ 11. Road and highway easements where dioxin was used as a defoliant.

Please check each SOC group for which a waiver is being applied. **You MUST include the latest analytical data of each contaminant in the group.**

**SYNTHETIC ORGANIC CONTAMINANT GROUPS**

| <input type="checkbox"/> 41 | <input type="checkbox"/> 42   | <input type="checkbox"/> 43 | <input type="checkbox"/> 44   | <input type="checkbox"/> 45        | <input type="checkbox"/> 46 | <input type="checkbox"/> 47 | <input type="checkbox"/> 48 | <input type="checkbox"/> 49 |
|-----------------------------|---|-----------------------------|---|------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2931-DBCP<br>2946-EDB       | 2051-Alachlor<br>2050-Atrazine<br>2306-Benzo(a)pyrene<br>2959-Chlordane<br>2035-Di(ethylhexyl)adipate<br>2039-Di(ethylhexyl)phthalate<br>2005-Endrin<br>2065-Heptachlor<br>2067-Heptachlor Epoxide<br>2274-Hexachlorbenzene<br>2042-Hexachlorocyclopentadiene<br>2010-Lindane<br>2015-Methoxycor<br>2037-Simazine<br>2020-Toxaphene | 2383-PCBs                   | 2031-Dalapon<br><br>2041-Dinoseb<br>2326-Pentachloro phenol<br>2040-Picloram<br>2105-2,4-D<br>2110-2,4,5-TP | 2046-Carbofuran<br><br>2036-Oxamyl | 2034-Glyphosate             | 2032-Diquat                 | 2033-Endothal               | 2063-Dioxin                 |

**Regulated SOC** I hereby certify that the above & attached information, to the best of my knowledge, is complete and correct.

\_\_\_\_\_  
Name of System Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Name of Certified Operator

\_\_\_\_\_  
Certified Operator Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed application to: **ADEQ Drinking Water, Waiver Program, MAP, 1110 W. Washington St. Phoenix, AZ 85007 MAIL DROP 5415-B2.** ADEQ will make a determination to grant or deny a monitoring waiver for SOC's within 90 days of receipt of this application. This monitoring waiver is effective for one compliance period. You must reapply for future waiver compliance periods. **At least one sample must be taken during each compliance cycle (nine years) and if system population >3,300 that means two non-consecutive quarters; A.A.C. R18-4-216G.1.**